2006 SURVEY PRELIMINARY FORM

(MUST RETURN BY AUGUST 14, 2007)

Company Name: Contact Person: Mailing Address: City: State: Zip: Phone/Email: Is your company, firm, or establishment listed on the label of a chemically formulated product used by household, business, commercial, and/or institutional consumers? Check (*) one YES You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (*) one YES NO YES NO Was your product sold or supplied for use in California in 2006? Check (*) one YES NO YES Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party. Sign below. AUTHORIZED SIGNATURE/DATE By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or fol this page as indicated on back and mail to the address shown.	← Is This Informa	ation Correct?	TYES NO (If no, make	e changes below)
Contact Person: Mailing Address: City: Phone/Email: Is your company, firm, or establishment listed on the label of a chemically formulated product used by household, business, commercial, and/or institutional consumers? Check (*) one Yes You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (*) one Yes NO No Yes No Yes No No Yes No Yes No No Yes No No Yes No No Yes No Yes No No No Yes No No No No No No No No No N	Company Name:			
Mailing Address: City: Phone/Email: Is your company, firm, or establishment listed on the label of a chemically formulated product used by household, business, commercial, and/or institutional consumers? Check (*) one You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (*) one YES NO N				
State:	Mailing Address:			
Supur company, firm, or establishment listed on the label of a chemically formulated product used by household, business, commercial, and/or institutional consumers? Check (*) one	City:		State:	Zip:
Product used by household, business, commercial, and/or institutional consumers? Check (✓) one Yes NO You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (✓) one YES NO AUTHORIZED SIGNATURE/DATE BY August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or followed and fax the reduction for a product that was sold or supplied for use in California in 2006? Check (✓) one NO YES NO YE				
You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (*) one YES NO Was your product sold or supplied for use in California in 2006? Check (*) one YES NO No Yes No Yes No No Yes No Yes No No	product used by household, busine	ess, commercia	al, and/or institutional cons	
You are a Responsible Party Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check (✓) one YES NO Was your product sold or supplied for use in California in 2006? Check (✓) one YES NO NO YES NO NO YES NO YES NO YES NO NO YES NO NO YES NO YES NO YES NO YES NO NO Complete FORM 4(s) When requested by a Responsible Party. Sign below. Sign below. AUTHORIZED SIGNATURE/DATE By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or followed that was sold or supplied for use in California in 2006? Check (✓) to request CD Sign right You are end a Responsible Party NO AUTHORIZED SIGNATURE/DATE By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or followed that was sold the ingredient information (or are you a formulator) for a product that was sold or supplied for use in California in 2006? Check (✓) one NO NO AUTHORIZED SIGNATURE/DATE By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or followed that was sold to supplied for use in California in 2006? Check (✓) to request CD NO NO NO NO NO NO NO NO NO N		+		
Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check () one YES NO NO YES NO YES NO YES NO NO YES NO NO YES NO YES NO YES NO NO YES NO YES NO NO YES NO NO YES NO YES NO YES NO YES NO NO YES NO YES NO NO NO YES NO NO NO YES NO NO NO NO NO NO NO NO NO N	YES			10
Read the attached 2006 Survey Category List Do any of your products fall into at least one of the categories listed? Check () one YES NO NO YES NO YES NO YES NO NO YES NO NO YES NO YES NO YES NO NO YES NO YES NO NO YES NO NO YES NO YES NO YES NO YES NO NO YES NO YES NO NO NO YES NO NO NO YES NO NO NO NO NO NO NO NO NO N				
Do any of your products fall into at least one of the categories listed? Check (*) one YES NO NO YES NO AUTHORIZED Sign right By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows a fax (916) 327-5621	You are a Responsible Party		You are not a Resp	oonsible Party
Do any of your products fall into at least one of the categories listed? Check (*) one YES NO NO YES NO AUTHORIZED Sign right By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows a fax (916) 327-5621	Read the attached 2006 Survey Category List		Do you hold the ingre	dient information
one of the categories listed? Check (*) one YES NO Was your product sold or supplied for use in California in 2006? Check (*) one YES NO Was your product sold or supplied for use in California in 2006? Check (*) one YES NO NO YES NO YES NO NO YES Submit this FORM only, do not complete any additional survey forms unless requested by a Responsible Party. Sign below. AUTHORIZED Sign right By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or followed to the california in 2006? Check (*) one NO YES NO YES NO YES NO ARESponsible Porty. Submit this FORM only, do not complete any additional survey forms unless requested by a Responsible Party. Sign below.			(or are you a formulat	tor) for a product
Check (*/) one YES NO Was your product sold or supplied for use in California in 2006? Check (*/) one YES NO NO YES NO NO YES NO YES NO YES NO YES NO YES NO NO ARB your product sold or supplied for use in California in 2006? Check (*/) one YES NO YES NO YES NO NO NO YES NO YES NO YES NO NO YES NO YES NO YES NO NO ARB yia fax (916) 327-5621 or following the fax (916) 327-5621 or following fax (916				
YES				
YES	Check (*) one		Check (✓)	one one
Was your product sold or supplied for use in California in 2006? Check (✓) one YES NO You are required to submit this FORM and FORMs (1-4). Visit ARB's website (below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows.	☐ YES ☐ NO		YES	□ NO
Was your product sold or supplied for use in California in 2006? Check (✓) one YES NO You are required to submit this FORM and FORMs (1-4). Visit ARB's website (below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows the requested by a Responsible Party. Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party. Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party. Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party. Submit this FORM only; do not complete any additional survey forms unless requested by a Responsible Party. Sign below.	YES NO		YES	→ NO
You are required to submit this FORM and FORMs (1-4). Visit ARB's website (below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. □ Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows.	or supplied for use in California in 2006? Check (✓) one		when requested by a	
Visit ARB's website (below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows.	You are required to submit this	•		
(below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows.	FORM and FORMs (1-4).			
(below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. Check (✓) to request CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows.		Marie Carlo		
CD Sign right → By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or follows:	(below) for the entire 2006 Survey. You may complete and submit hardcopy survey forms or use ARB's electronic forms available as a database file on CD. AUTHORIZED	additional surv a R	ey forms unless requested by desponsible Party.	
Sign right -> By August 14, 2007, return this FORM to ARB via fax (916) 327-5621 or fol		E		
)		000	I FABRU TEE T	
		2007, return t	his FORM to ARB via fax	(916) 327-5621 or fold

	Postage required
California Air Resources Board P.O. Box 2815 Sacramento, CA 95812 Attn: SSD, Measures Development Sectio	n, 2006 Survey
 Fold Here	

Fold Here